

Request for Reinstatement To the Selection Process

In order to request reinstatement to the selection process, you must complete this form and submit it to the Civil Service Commission.

Be sure to complete all the information requested below. Please print clearly.

Social Security	y Number:		
Name:	(Last)	(First)	(Middle)
Address:	(Edot)	(1 1100)	(Middle)
Home Phone:	_()	Work Phone: ()
Applicant for t	he position of:		
Grade band o	r rank on eligible list:		
Date temporary withdrawal approved:			
 I am presently on the eligible lst for the classification indicated above and I was previously granted a temporary withdrawal from the selection process. I am now requesting that my name be reinstated for consideration during the selection process. I understand that I may not be reinstated if the eligible list, from which I temporarily withdrew, has expired or has been replaced. I also understand that I will be scheduled for the next phase of the selection process. 			
Pr	int Name	Signature	Date
FOR CIVIL SERVICE COMMISSION USE ONLY			
Date Division No	tified: Month	Day Ye.	Initials:

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